

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

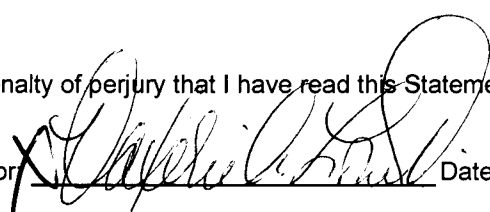
IN RE: Valerie A Lonetti

Case No. 09-36068

**STATEMENT UNDER PENALTY OF PERJURY RE:  
PAYMENT ADVICES DUE PURSUANT TO 11 U.S.C. § 521(a)(1)(B)(iv)**

- ☒ Debtor has attached to this statement copies of all payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer.
- ☐ Debtor has not filed copies of payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer because:
- ☐ Debtor was not employed during the 60 days preceding the filing of the petition;
- ☐ Debtor was employed for only a portion of the 60 days preceding the filing of the petition. Please specify period during which debtor was unemployed:
- ☐ Debtor was self-employed during the 60 days preceding the filing of the petition;
- ☐ Debtor received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or
- ☐ Other (please explain):

I declare under penalty of perjury that I have read this Statement and it is true to the best of my knowledge, information and belief.

Signature of Debtor  Date: 9-2-09

- \*\*\*\*\*
- ☐ Joint Debtor has attached to this statement copies of all payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer.
- ☐ Joint Debtor has not filed copies of payment advices or other evidence of payment received within 60 days before the date of the filing of the petition from any employer because:
- ☐ Joint Debtor was not employed during the 60 days preceding the filing of the petition;
- ☐ Joint Debtor was employed for only a portion of the 60 days preceding the filing of the petition. Please specify period during which debtor was unemployed:
- ☐ Joint Debtor was self-employed during the 60 days preceding the filing of the petition;
- ☐ Joint Debtor received only unemployment, veteran's benefits, social security, disability or other retirement income during the 60 days preceding the filing of the petition; or
- ☐ Other (please explain):

I declare under penalty of perjury that I have read this Statement and it is true to the best of my knowledge, information and belief.

Signature of Joint Debtor: \_\_\_\_\_ Date: \_\_\_\_\_

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State of Minnesota

Valerie A Lonetti

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Department	Pay Period End Date	Paycheck Issue Date
E26T012	06/23/2009	07/02/2009

Status	Allowance	Addl Percent	Addl Amount	State	Resident	Status	Allowance	Addl Percent	Addl Amount
S	3	0.000	0.00	MN	Y	S	2	0.000	0.00

	Total Gross	Federal Gross	FICA Gross	Medicare Gross	Total Taxes	Total Deductions	Net Pay
Current	306.00	306.00	306.00	306.00	23.40		282.60

Description	Prior Period Begin Date	Prior Period End Date	Hours	Rate	Amount
Regular					306.00
Total:					306.00

Description	Resident	Taxable Gross	Amount
Fed Withholding		306.00	
Fed MED/EE		306.00	4.43
Fed OASDI/EE		306.00	18.97
MN Withholding	Y	306.00	
Total:			23.40

Description	Amount	Description	Amount	Description	Amount
				Fed MED	4.43
				Fed OASDI	18.97
Total:		Total:		Total:	23.40

Payment Type	Paycheck Number	Account Type	Financial Institution	Amount
Direct Deposit		Checking	291070001	282.60

Earning Description	Deduction Description

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State of Minnesota

Valerie A Lonetti

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Department	Pay Period End Date	Paycheck Issue Date
E26T012	07/07/2009	07/17/2009

Status	Allowance	Addl Percent	Addl Amount	State	Resident	Status	Allowance	Addl Percent	Addl Amount
S	3	0.000	0.00	MN	Y	S	2	0.000	0.00

	Total Gross	Federal Gross	FICA Gross	Medicare Gross	Total Taxes	Total Deductions	Net Pay
Current	255.00	255.00	255.00	255.00	19.51		235.49

Description	Prior Period Begin Date	Prior Period End Date	Hours	Rate	Amount
Regular					255.00
Total:					255.00

Description	Resident	Taxable Gross	Amount
Fed Withholding		255.00	
Fed MED/EE		255.00	3.70
Fed OASDI/EE		255.00	15.81
MN Withholding	Y	255.00	
Total:			19.51

Description	Amount	Description	Amount	Description	Amount
				Fed MED	3.70
				Fed OASDI	15.81
Total:		Total:		Total:	19.51

Payment Type	Paycheck Number	Account Type	Financial Institution	Amount
Direct Deposit		Checking	291070001	235.49

Earning Description	Deduction Description
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**Valerie A Lonetti**

**State of Minnesota**

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**Department**      **Pay Period End Date**      **Paycheck Issue Date**  
E26T012      07/21/2009      07/31/2009

<b><u>Status</u></b>	<b><u>Allowance</u></b>	<b><u>Addl Percent</u></b>	<b><u>Addl Amount</u></b>	<b><u>State</u></b>	<b><u>Resident</u></b>	<b><u>Status</u></b>	<b><u>Allowance</u></b>	<b><u>Addl Percent</u></b>	<b><u>Addl Amount</u></b>
S	3	0.000	0.00	MN	Y	S	2	0.000	0.00

	<b><u>Total Gross</u></b>	<b><u>Federal Gross</u></b>	<b><u>FICA Gross</u></b>	<b><u>Medicare Gross</u></b>	<b><u>Total Taxes</u></b>	<b><u>Total Deductions</u></b>	<b><u>Net Pay</u></b>
Current	289.00	289.00	289.00	289.00	22.11		266.89

<b><u>Description</u></b>	<b><u>Prior Period Begin Date</u></b>	<b><u>Prior Period End Date</u></b>	<b><u>Hours</u></b>	<b><u>Rate</u></b>	<b><u>Amount</u></b>
Regular					289.00
Total:					289.00

<b><u>Description</u></b>	<b><u>Resident</u></b>	<b><u>Taxable Gross</u></b>	<b><u>Amount</u></b>
Fed Withholding		289.00	
Fed MED/EE		289.00	4.19
Fed OASDI/EE		289.00	17.92
MN Withholding	Y	289.00	
Total:			22.11

<b><u>Description</u></b>	<b><u>Amount</u></b>	<b><u>Description</u></b>	<b><u>Amount</u></b>	<b><u>Description</u></b>	<b><u>Amount</u></b>
				Fed MED	4.19
				Fed OASDI	17.92
Total:		Total:		Total:	22.11

<b><u>Payment Type</u></b>	<b><u>Paycheck Number</u></b>	<b><u>Account Type</u></b>	<b><u>Financial Institution</u></b>	<b><u>Amount</u></b>
Direct Deposit		Checking	291070001	266.89

Earning Description : Deduction Description

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**Valerie A Lonetti**

**State of Minnesota**

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**Department** **Pay Period End Date** **Paycheck Issue Date**  
E26T012 08/04/2009 08/14/2009

Status	Allowance	Addl Percent	Addl Amount	State	Resident	Status	Allowance	Addl Percent	Addl Amount
S	3	0.000	0.00	MN	Y	S	2	0.000	0.00

	Total Gross	Federal Gross	FICA Gross	Medicare Gross	Total Taxes	Total Deductions	Net Pay
Current	119.00	119.00	119.00	119.00	9.11		109.89
YTD	3,655.00	3,655.00	3,655.00	3,655.00	283.11		3,371.89

Description	Prior Period Begin Date	Prior Period End Date	Hours	Rate	Amount	YTD Amount
Regular					119.00	3,655.00
Total:					119.00	3,655.00

Description	Resident	Taxable Gross	Amount	YTD Amount
Fed Withholding		119.00		
Fed MED/EE		119.00	1.73	53.00
Fed OASDI/EE		119.00	7.38	226.61
MN Withholding	Y	119.00		3.50
Total:			9.11	283.11

Description	Amount	YTD Amount	Description	Amount	YTD Amount	Description	Amount	YTD Amount
						Fed MED	1.73	53.00
						Fed OASDI	7.38	226.61
Total:			Total:			Total:	9.11	279.61

Payment Type	Paycheck Number	Account Type	Financial Institution	Amount
Direct Deposit		Checking	291070001	109.89

Earning Description      Deduction Description

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State of Minnesota

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Department	Pay Period End Date	Paycheck Issue Date
E2GT012	08/18/2009	08/28/2009

Status	Allowance	Add Percent	Add Amount	State	Resident	Status	Allowance	Add Percent	Add Amount
S	3	0.000	0.00	MN	Y	S	2	0.000	0.00

	Total Gross	Federal Gross	FICA Gross	Medicare Gross	Total Taxes	Total Deductions	Net Pay
Current	238.00	238.00	238.00	238.00	18.21		219.79
YTD	3,893.00	3,893.00	3,893.00	3,893.00	301.32		3,591.68

Description	Prior Period Begin Date	Prior Period End Date	Hours	Rate	Amount	YTD Amount
Regular					238.00	3,893.00
Total:					238.00	3,893.00

Description	Resident	Taxable Gross	Amount	YTD Amount
Fed Withholding		238.00		
Fed MED/EE		238.00	3.45	58.45
Fed OASDI/EE		238.00	14.76	241.37
MN Withholding	Y	238.00		3.50
Total:			18.21	301.32

Description	Amount	YTD Amount	Description	Amount	YTD Amount	Description	Amount	YTD Amount
						Fed MED	3.45	58.45
						Fed OASDI	14.76	241.37
Total:			Total:			Total:	18.21	297.82

Payment Type	Paycheck Number	Account Type	Financial Institution	Amount
Direct Deposit		Checking	291070001	219.79

Earning Description

Deduction Description